## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000050628

Entity Name: SPARKLES HOMES, LLC

FILED Mar 31, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1801 N.E. VAN LOON TERRACE 4252 WOODSIDE AVE. CAPE CORAL, FL 33909 FT. MYERS, FL 33905

Current Mailing Address: New Mailing Address:

1801 N.E. VAN LOON TERRACE 4252 WOODSIDE AVE. CAPE CORAL, FL 33909 FT. MYERS, FL 33905

FEI Number: 11-5506673 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FISHER, LEIGH M 4403 SE 16TH PLACE, UNIT 2 CAPE CORAL, FL 33904 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

MGRM ( ) Delete

 Name:
 TURNER, ALEXANDER

 Address:
 1801 NE VAN LOON TERR.

 City-St-Zip:
 CAPE CORAL, FL 33909

Title: MGRM () Delete Name: TURNER, NANCY

Address: 1801 NE VAN LOON TERR. City-St-Zip: CAPE CORAL, FL 33909

## ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: TURNER, ALEXANDER Address: 4252 WOODSIDE AVE. City-St-Zip: FT. MYERS, FL 33905

Title: MGRM (X) Change ( ) Addition

 Name:
 TURNER, NANCY

 Address:
 4252 WOODSIDE AVE.

 City-St-Zip:
 FT. MYERS, FL 33905

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NANCY TURNER MGRM 03/31/2006